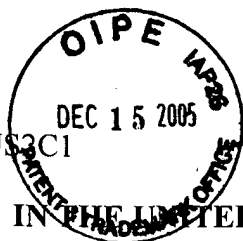


TRIEP.23AUS3C1



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Sallberg et al.  
Appl. No. : 10/817,591  
Filed : April 2, 2004  
For : VACCINES CONTAINING  
RIBAVIRIN AND METHODS OF  
USE THEREOF  
Examiner : Bao Q. Li  
Group Art Unit : 1648

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 12, 2005

(Date)  
  
Neil S. Bartfeld, Ph.D., Reg. No. 39,901

**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed November 17th, 2005, Applicants hereby elect Invention I, drawn to a method for enhancing an immune response comprising the step of administering a composition comprising a nucleic acid molecule encoding an HCV antigen and ribavirin into a subject, without traverse. Applicants also submit new claims herewith.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

12/16/2005 FMETEKI1 00000030 10817591

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Please Direct All Correspondence to Customer Number **20995**

### AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Sallberg et al.  
 App. No : 10/817,591  
 Filed : April 2, 2004  
 For : VACCINES CONTAINING  
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December 12, 2005

(Date)  
  
 Neil S. Barfield, Ph.D., Reg. No. 39,901

#### Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment and Response to Restriction Requirement in 6 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	46 - 35 =	1202 (\$50)	11 x 50 =	\$550
Excess Independent	2 - 2 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim	1.16(j)	1203 (\$360)		\$0
1 Month Extension	1.17(a)(1)	1251 (\$120)		\$0
2 Month Extension	1.17(a)(2)	1252 (\$450)		\$0
3 Month Extension	1.17(a)(3)	1253 (\$1,020)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$550</b>

(X) A check in the amount of \$550 is enclosed.

(X) Return prepaid postcard.

Docket No.: TRIPEP.23AUS2C1

December 12, 2005

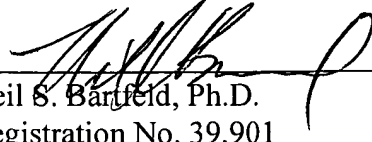
App. No.: 10/817,591

Page 2 of 2

Please Direct All Correspondence to Customer Number **20995**

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Neil S. Bartfield, Ph.D.  
Registration No. 39,901  
Agent of Record  
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